

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: IDENTIFICATION OF A DNA VARIANT
ASSOCIATED WITH ADULT TYPE
HYPOLACTASIA

Attorney Docket Number:: 084500-000100US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Finland
Status:: Full Capacity
Given Name:: Leena
Middle Name::
Family Name:: Peltonen
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Libya
Status:: Full Capacity
Given Name:: Nabil
Middle Name::
Family Name:: Enattah
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Irma

Middle Name::

Family Name:: Jarvela

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Timo

Middle Name::

Family Name:: Sahi

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Erkki

Middle Name::

Family Name:: Savilahti

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Joseph

Middle Name::

Family Name:: Terwilliger

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::
City of Mailing Address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Priority Information

Country::	Application number::	Filing Date::
This application	Continuation	
PCT	EP02/08963	08/09/02
Europe	EP01119377.8	08/10/01
Europe	EP01119528.6	08/14/01
US	60/315,955	08/31/01

Assignee Information

Assignee Name:: National Public Health Institute
Street of mailing address:: Mannerheimintie 166
City of mailing address:: Helsinki
State or Province of mailing address::
Country of mailing address:: Finland
Postal or Zip Code of mailing address:: FIN-00300